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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/001,397
		Filing Date	October 25, 2001
		First Named Inventor	Koiwai et al.
		Art Unit	2873
		Examiner Name	Thompson, Timothy J.
Total Number of Pages in This Submission		Attorney Docket Number	IPO-P1132.1

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Louis Weinstein	Reg. No. 20,477
	Volpe and Koenig, P.C.	
Signature		
Date	08/08/03	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Louis Weinstein		
Signature			
	Date	08/08/03	

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 182.00)

Complete if Known

Application Number	10/001,397
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First Named Inventor	Koiwai et al.
Examiner Name	Thompson, Timothy J.
Art Unit	2873
Attorney Docket No.	IPO-P1132.1

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number
Deposit Account Name

22-0493

Volpe and Koenig, P.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments charge any deficiencies
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
30	15		26 - 15 = 11	4 X 18.00 = 72	
				0 X 84.00 = 0	

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		72.00

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description
1051 130	2051 65			Surcharge - late filing fee or oath
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet
1053 130	1053 130			Non-English specification
1812 2,520	1812 2,520			For filing a request for ex parte reexamination
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action
1251 110	2251 55			Extension for reply within first month
1252 410	2252 205			Extension for reply within second month
1253 930	2253 465			Extension for reply within third month
1254 1,450	2254 725			Extension for reply within fourth month
1255 1,970	2255 985			Extension for reply within fifth month
1401 320	2401 160			Notice of Appeal
1402 320	2402 160			Filing a brief in support of an appeal
1403 280	2403 140			Request for oral hearing
1451 1,510	1451 1,510			Petition to institute a public use proceeding
1452 110	2452 55			Petition to revive - unavoidable
1453 1,300	2453 650			Petition to revive - unintentional
1501 1,300	2501 650			Utility issue fee (or reissue)
1502 470	2502 235			Design issue fee
1503 630	2503 315			Plant issue fee
1460 130	1460 130			Petitions to the Commissioner
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)
1806 180	1806 180			Submission of Information Disclosure Stmt
8021 40	8021 40			Recording each patent assignment per property (times number of properties)
1809 750	2809 375			Filing a submission after final rejection (37 CFR 1.129(a))
1810 750	2810 375			For each additional invention to be examined (37 CFR 1.129(b))
1801 750	2801 375			Request for Continued Examination (RCE)
1802 900	1802 900			Request for expedited examination of a design application

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

110.00

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Louis Weinstein	Registration No. (Attorney/Agent)	20,477	Telephone	215-568-6400
Signature		Date			08/08/03

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